

The University of North Carolina at Greensboro
Payroll/Human Resources System
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

EMPLOYEE ALWAYS COMPLETES THIS SECTION

Employee Name (Type or Print)

Social Security Number

AUTHORIZATION – COMPLETE THIS SECTION FOR PAYROLL ELECTRONIC DIRECT DEPOSIT

This form must be in the Payroll Office by the 10th of the month if Direct Deposit is to be EFFECTIVE for the CURRENT Month.

Original Sign-up – Check this box to begin payroll electronic direct deposit.

Change – Check this box if you currently have electronic payroll deposit and you want to change Financial Institutions and/or accounts.

If changing Financial Institutions or Accounts you will receive a check until account numbers are verified.
(Note: If you have questions regarding the EFFECTIVE date of this change, contact the Payroll Department before Payday.)

If your bank account is closed, for any reason, you must immediately notify the Payroll Department. If a deposit has been made by the University to the closed account, no correcting payment can be made until the bank has returned the funds to the University. Effective July 1, 2007, Direct Deposit is required for all employees, therefore, you must complete a new PAS-20 (AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS), mark the Change block, attach a voided check or letter from your Financial Institution as indicated below, and bring it to the Payroll Department immediately.

I hereby authorize The University of North Carolina at Greensboro to initiate credit entries for my pay, and I authorize the participating Financial Institution indicated below to credit my account as indicated on the attached voided check/letter.* **(Deposit Tickets are not acceptable.)** If funds to which I am not entitled are deposited to my account, I authorize The University of North Carolina at Greensboro to direct the participating Financial Institution to return said funds to the University.

Name of Financial Institution
Address (If Known):
Street Address
City, State, Zip Code

ACCOUNT TYPE (SELECT ONLY ONE)

Checking (970 C) **Savings (960 S)**

* If a voided check is not available or the deposit is to a Savings Account, contact the Financial Institution and ask for a letter indicating the Financial Institution's **Transit Routing Number** and the **Account Number**. (Attach the letter to this form.)

This authority is to remain in effect until one of the following events occurs: (1) the University has received written notification from me of its termination in such time and such manner as to afford the University a reasonable opportunity to act on it, (2) the bank closes my account, (3) or the University cancels the agreement.

Employee Signature

Date Signed

Telephone Number

CANCELLATION – COMPLETE THIS SECTION TO CANCEL DIRECT DEPOSIT

I hereby cancel my previous authorization to initiate credit entries for my net pay to:

Name of Financial Institution

Account Number

Employee Signature

Date Signed

This form (cancellation) must be in the Payroll Office by the 14th of the month.

PAYROLL DEPARTMENT USE ONLY

Date Received

Date Entered on Screen 35

P/R Technician